

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 808062	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3	2					53			
4						54			
5						55			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
						TOTAL IND.			
						TOTAL DEP.			
						TOTAL CLAIMS			

PTO
T.D.
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS